

WEST VALLEY HOME HEALTH CARE PROVIDER #: 467051 TYPE ACTION: RECERTIFICATION  
5474 WEST 3500 SOUTH PHONE NUMBER: (801) 969-1360 TYPE FACILITY: OFFICIAL HEALTH  
WEST VALLEY CITY UT 84120 PARTICIPATION DATE: 04/22/1989 TYPE OWNERSHIP: PROPRIETARY  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 10/1997	PRIOR 2 SURVEY 11/1999	PRIOR 1 SURVEY 05/2002	CURRENT SURVEY 02/17/2005	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
	X	X	X C	03/03/2005	STD STD STD
					G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV G0214-PERFORMANCE REVIEW OF EACH AIDE AT LEAST EVERY 12 MONTHS G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	1	2	1	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	2	1	0

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
07/20/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY